Γ					Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECO														
L			Effec		09/38/323									
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY TYPE				R THAN . ENTITY
FOR NUMBER FILED NUMBER EXTRA						1	RATI	Ξ	FEE	ר. ד	RATE	FEE		
BASIC FEE 5									380.00		OR	<u> </u>	840	
Ţ	OTAL CLAIMS		5 minus 20=			•			X\$ 9=			OR	1,50.0	1070
INDEPENDENT CLAIMS				/ minu	s 3 =				X39=			OR	1000	<u> </u>
MULTIPLE DEPENDENT CLAIM PRESENT						]	.120			1		<b> </b>		
* If the difference in column 1 is less than zero, enter "0" in column 2								•	+130= TOTAL			OR	<u> </u>	CIII
	c	MENDE		1017	ַ רַ	·	JOR	TOTAL	090					
_		(Colu	ımn 1)		(0	Column 2)	(Column 3)	SMALLI			<b>ЧТІТ</b> И	OR	OTHER SMALL	
AMENDMENT A		REMA	NIMS UNING TER DMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	1	ADDI- NONAL FEE		RATE	ADDI- TIONAL FEE
	Total	<u> -</u>	<del></del> , -	Minus		***	E .		X\$ 9=			OR	X\$18=	
AME	Independent	*	N OF M	Minus			=		X39=	1		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1		OR	+260=	
										+			TOTAL	
		(Colu			(C	olumn 2)	(Column 3)	^	DOIT. FE	<b></b>			VOOIT. FEE	
AMENDMENT B		REMA AFT AMENT	TER		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	-		E .	ı	X\$ 9=			OR	X\$18=	
	Independent			Minus Mill Tipl E DEC		<u> </u>	=	X39=		1		OR	X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	+260=	
									TOTAL			OR .	TOTAL	
			~	on i. FER			^	DOIT. FEE						
S S		CLAI REMAI AFT AMEND	NING ER		PR	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	TI	ODI- ONAL FEE	ſ	RATE	ADDI- TIONAL
AMENUMENT	Total	•		Minus			=		X\$ 9=	T		OR	X\$18=	FEE
Ĕ	Independent	•		Minus			=	-	X39=	✝	$\neg \neg$		X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											OR	A/8=	
_ 4	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR L	+260= TOTAL DOIT, FEE	
ī	he "Highest Numi	ber Previo	usly Paid	For (Total o	o oral Indep	endent) is the	i 3, enter "3." highest number		OIT. FEE I in the ap		oriate box	in cotu	mn 1.	
PRM ev. 6	PTO-875							Patent	and Track	mert.	Office 115	DEPA	DTMENT OF	COMMERCE
										A	J	·	THENT OF	COMMERCE

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